



# International Travel Expense Justification (ITEJ) - For All Funds



Name of Traveler _____	Phone # _____	Email _____
Department/DeptID _____	Date _____	
Contact Person _____	Phone # _____	Email _____

**All items, including a thorough justification, must be completed before support for the travel will be authorized. Route this form PRIOR to entering a travel requisition. Form must be submitted to Department Chair/Manager at least 45 days in advance of travel and the President at least 30 days in advance of travel. Unauthorized travel will not be reimbursed.**

**Proposed Travel Dates:** \_\_\_\_\_ **International Destination:** \_\_\_\_\_

**General Purpose of Travel:**  Conference  Research  Other \_\_\_\_\_

**Justification for the travel, including your role, and why it is mission critical** (Faculty must indicate plans for covering classes and necessary supporting documents):

<b>Funding source(s):</b>	General Operating Fund: \$ _____	Other*: \$ _____	Personal/Self-Funded: \$ _____
<input type="checkbox"/> Approved			
<input type="checkbox"/> Requested	College of Continuing Education: \$ _____	Grant*: \$ _____	<b>Total Cost of Travel:</b> \$ _____
	*Please specify Grant Name or Other Funding: _____		

**Traveler:** \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair/ Manager Recommendation:**  approve  not approve

\_\_\_\_\_  
Print/Type Name Signature Date

**College Dean/Program Center Recommendation:**  approve  not approve

\_\_\_\_\_  
Print/Type Name Signature Date

Travel insurance will be provided by:  College  Department  Grant  Other University Source: \_\_\_\_\_  
(Individual employees are not permitted to purchase International Travel Insurance)

**Provost/Vice President Recommendation:**  approve  not approve

\_\_\_\_\_  
Print/Type Name Signature Date

**President (required per Chancellor's Office):**  approved  not approved

Robert S. Nelsen  
Print/Type Name Signature Date

**University Funds - Scan and attach the completed form when entering your travel requisition in CFS. Please add your requisition # \_\_\_\_\_ prior to scanning.**

Copy: Dean/Program Center and Traveler  
Revised September 2015